ITW

Respectfully submitted,

DANN, DORFMAN, HERRELL & SKILLMAN
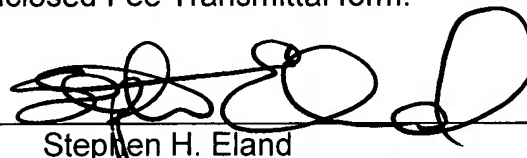A Professional Corporation
Attorneys for Applicant(s)

By_____
Stephen H. Eland
PTO Registration No. 41,010

Telephone: (215) 563-4100
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Petition for Extension Under 37 CFR §1.136(a)

Applicant's undersigned Attorney hereby petitions for an extension of time of **TWO** months beyond the time period set in the last office communication. The proper fee is enclosed as identified in the enclosed Fee Transmittal form.

March 17, 2006
Date of Certificate

Stephen H. Eland
PTO Registration No. 41,010

03/21/2006 HLE333   00000057 10724663
01 FC:2252   225.00 OP

FEE TRANSMITTAL

	Complete if known
	Application Number: 10/724,663
	Filing Date: December 1, 2003
	First Named Inventor: Botiche et al
	Group Art Unit: 3763
	Examiner Name: Rodriguez, C.
Total Amt. of Payment: (1)+(2)+(3)= **$225**	Attorney Docket Number: 1032-P00781US4

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to:

   [ ] Charge indicated fees

   [X] Charge additional fees

   [X] Credit overpayments

   to the account of DANN, DORFMAN, HERRELL & SKILLMAN

   Deposit Account Number __04-1406__

2. Payment enclosed:

   Check in the amount of $225

FEE CALCULATION

1. FILING FEE   Fee

   Fee Description

	Fee
Utility filing fee	
Design filing fee	
Plant filing fee	
Reissue filing fee	

   SUBTOTAL (1) __$0__

FEE CALCULATION (continued)

ADDITIONAL FEES

Fee Description	Fee Paid
Surcharge-late filing fee or oath	
Surcharge - late provisional filing fee or cover sheet	
Extension for response within second month	225
Notice of Appeal	
Filing a brief in support of an appeal	
Request for oral hearing	
Petition to revive unavoidably abandoned appl.	
Petition to revive unintentionally abandoned appl.	
Issue fee	
Petitions to the Commissioner	
Petitions related to provisional applications	
Submission of Information Disclosure Stmt.	
Recording each patent assignment per property	
Other fee (specify)_____	
SUBTOTAL (3)	$225

2. Claims

	Paid	Extra		Fee
Total Claims	16 -20 = 0	x 25		= 0
Independent Claims	3 -3 = 0	x 100		= 0
Multiple Dependent (First presentation)				

SUBTOTAL (2) __$0__

Submitted By: Stephen H. Eland   Reg. Number __41,010__

Signature _____   Date __March 17, 2006__   Deposit Account User ID __04-1406__